

STATE OF _____
PARISH / COUNTY OF _____

PRODUCTION ID NUMBER & NAME
APPLICANT STATEMENT SUPPORTING
REQUEST FOR LOUISIANA MOTION PICTURE TAX CREDITS

BE IT KNOWN, that on ***DATE*** before me, ***NOTARY*** Notary Public, duly commissioned and qualified, and in the presence of the undersigned witnesses, personally came and appeared:

COMPANY NAME, L. L. C., Tax Identification Number ***TIN***, a limited liability company organized under the laws of the State of Louisiana, whose Articles of Organization are recorded in the office of the Louisiana Secretary of State, said company being domiciled in ***PARISH*** Louisiana, having as its address ***ADDRESS***, and being represented herein by ***MEMBER NAME***, duly authorized to act for the company;

CORPORATION NAME, Tax Identification Number ***TIN***, a corporation organized under the laws of the State of Louisiana, having its principal place of business at ***ADDRESS***, and herein appearing by and through ***AGENT***, its ***OFFICE***, duly authorized to act for the corporation;

INDIVIDUAL APPLICANT NAME whose Tax Identification Number is ***TIN***, domiciled in ***PARISH/COUNTY***, whose present mailing address is ***APPLICANT ADDRESS***;

Pursuant to the requirements of La. R.S. 47:6007 (D) (2) (e) Applicant hereby agrees:

1. To pay all undisputed legal obligations the film production company has incurred in Louisiana.
2. To publish, at completion of principal photography, a notice at least once a week for three consecutive weeks in local newspapers in regions where filming has taken place in order to notify the public of the need to file creditor claims against the film production company by a specified date.
3. That the outstanding obligations are not waived should a creditor fail to file by the specified date.
4. To delay filing a claim for the film production credit until the office delivers written notification to the Secretary of the Department of Revenue that the film production company has fulfilled all requirements for the credit.

THUS DONE AND PASSED at ***CITY,PARISH/COUNTY, STATE***, in the presence of the undersigned competent witnesses, who sign with appearers and me, Notary, after due reading of the whole.

WITNESSES:

Printed Name: _____

Applicant Name: _____
Title: _____

Printed name: _____

NOTARY, NOTARY PUBLIC
NOTARY # / BAR ROLL #
COMMISSION EXPIRATION DATE